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BEEKEEPER COMPLAINT FORM

PLEASE PRINT

I HAVE A COMPLAINT AGAINST.

NAME_____

NAME_____

ADDRESS_____

ADDRESS_____

CITY_____ZIP_____

CITY_____ZIP_____

DAYTIME

PHONE NUMBER ()_____

In order to evaluate your *COMPLAINT*, please complete the appropriate sections

Number of Boxes/Colonies_____

Date of Occurrence____/____/____

Have you contacted the responsible party? YES | NO

Describe Complaint:

Draw a map on reverse if applicable.

I hereby understand and agree that I may be called as a witness in the event of legal action taken as a result of this complaint.

SIGNATURE

DATE